



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors: Gunn, *et al.*

Attorney Docket No.: LUX-P022

Serial No.: 10/777,702

Group Art Unit: 2883

Filed: 02/11/2004

Examiner: Wong, Eric K.

Title: EXTERNAL CAVITY LASER SOURCE

AMENDMENT

The Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In Response to the Office action of October 03, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 9 of this paper.

Conclusion begins on page 12 of this paper.



IFW

Certificate of Mailing By "U.S. Priority Mail" Under 37 C.F.R. 1.10(c)
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Box 1450, Alexandria, VA 22313-1450.
Name: Chris Vo 12/22/05
[Signature] Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Gunn, et al.
Serial No.: 10/777,702
Filed: 02/11/2004
For: External Cavity Laser Source

Attorney Docket No.: LUX-P022
Examiner: Wong, Eric K.
Art Unit: 2883

Mail Stop Amendment
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL LETTER

Dear Sir:

1. **TRANSMITTED DOCUMENTS:** the following documents relating to the above-identified patent application are being transmitted herewith.

- ☒ a. An Amendment for this application: 12 pages.
☐ b. Substituted Formal Drawings: _____ sheets.
☐ c. A Petition For Extension of Time For Response under 37 CFR 1.136(a) incorporated herein.
☐ d. An Information Disclosure Statement under 37 CFR 1.97(b) ☒ 1.97(c)
☒ e. A stamped, self-addressed, return postcard.
☐ f. A Check (☐) for \$ _____ to cover required fees of this correspondence.

2. **APPLICANT FILING STATUS:**

- ☐ a. Applicant is a Large Entity.
☒ b. Applicant is a Small Entity.

3. **EXTENSION OF TIME:**

- ☐ a. Applicant petitions for an extension of time under 37 C.F. R. 1.136 for the total number of _____ months checked below (fees pursuant to 37 C.F.R. 1.17(a)-(d)).

<u>Extension of Time</u>	<u>Large Entity Fee</u>	<u>Small Entity Fee</u>
i. One (1) month .	<u> </u> \$ 110.00	<u> </u> \$ 55.00
ii. Two (2) month .	<u> </u> \$ 410.00	<u> </u> \$ 205.00
iii. Three (3) month .	<u> </u> \$ 930.00	<u> </u> \$ 465.00
iv. Four (4) month .	<u> </u> \$ 1,450.00	<u> </u> \$ 725.00
v. Five (5) month .	<u> </u> \$ 1,970.00	<u> </u> \$ 985.00

Extension Time Fee Total: .00

- ☒ b. Applicants believe that no extension of time is required. However, this conditional petition is being made in case Applicants have inadvertently overlooked the need for a petition for extension of time.

4. FEE CALCULATION:

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid	Present Extra Claims	Fee Rate	Total
a. Total Claims	26	- 26 =	0	x \$ 18.00 Large Entity x \$ 9.00 Small Entity	\$.00
b. Independent Claims	3	- 3 =	0	x \$ 84.00 Large Entity x \$ 42.00 Small Entity	\$.00
c. Multiple Dependent Claims Added By This Amendment				x 280.00 Large Entity x 140.00 Small Entity	
d. Extension of Time Fee Total, if any, from above EXTENSION OF TIME section 3a.					\$.00
e. Additional Fees Required With This Correspondence i) 1.17 (p) Fee for Information Disclosure under 1.97(c)					\$.00
e. Total Fees					\$.00

5. PAYMENT OF FEES

The full fee due in connection with this communication is provided as follows:

_____ The Commissioner is hereby authorized to charge the fees associated with this communication or credit any overpayment to **Deposit Account No: 500482**. A duplicate copy of this authorization is enclosed.

_____ A Check # _____ for \$ _____ for the above specified Total Fee is enclosed. However, should Applicants inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge the necessary additional amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**.

X Applicants do not believe that any payment of fee is needed in association with this communication. However, should Applicants inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**.

Please direct all correspondence concerning the above-identified application to the following address:

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Respectfully submitted,



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12/22/05
Date